



State of South Dakota  
Statement of Financial Interest  
Elected Official

File statement in the office where your nominating petition or convention nomination certification was filed.

Please read information on reverse side before completing this form.

RECEIVED  
JAN 14 2009  
S.D. SEC. OF STATE

- 1. Name CAROL A PITTS
- 2. Address 725 4th
- 3. Office Sought House of Representatives
- 4. What is your occupation/profession? Dietitian, Business Owner

5. List any enterprise which accounted for more than ten percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise.

What is the nature of your immediate family's association with each? The value of the financial interest need not be reported.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise.

What is the nature of your immediate family's association with each?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Filed this 14th day of Jan 09  
Ch. Nelson  
SECRETARY OF STATE

State of South Dakota )  
County of \_\_\_\_\_ ) SS.

Verification

I have reviewed paragraphs 1 through 6 of the Information Regarding Statement of Financial Interest (attached), my Statement of Financial Interest and certify that the information reported is a complete, true and accurate representation of my financial interests for the preceding calendar year.

(Signed) \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Seal)

\_\_\_\_\_  
Officer Administering Oath  
My commission expires: \_\_\_\_\_